

EXHIBIT

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MITCHELL S. FELDER, M.D.

BOARD CERTIFIED IN NEUROLOGY
DIPLOMATE OF THE AMERICAN BOARD
OF PSYCHIATRY AND NEUROLOGY
April 7, 2006

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BERK WHITEHEAD KERR & TURIN, P.C.
ATTN: Attorney Lawrence D. Kerr
115 North Main St.
Greensburg, PA 15601

RE: Mark Fix

Dear Attorney Kerr:

In response to your letter of 3/14/06 I am enclosing the following narrative medical report regarding Mr. Mark Fix.

Mark Fix is a 49 year old male, DOB 9/28/56 who was seen in my office on 3/9/06. At my office the patient stated "I do not see any colors". The patients vision has deteriorated to 20/400 and he is only able to see hand signs for the past approximately 6 years. The patient has had a bilateral loss of his vision and has had erythematic lesions in 5/15/2000. He stated the lesions were elevated "like a mini volcano" and were bullseye shaped. The patient subsequently had headaches, stiff neck and flu-like syndrome. His left eye went blind in May 27 of 2000 and he stated he had no pain at that time, but states "it was like looking through a heavy lace curtain." He then had a very slight improvement. The patient on June 11, 2000 had a Lyme Disease Titer that was 1.56 with a top range of 1.00. November 29, 2000 the patient had the same symptomatology in his right eye losing vision with a decreased ability to see colors. Occasionally, he would see "a spark of color". Patient was released from prison on 9/21/01 and then received antibiotic treatment in February 1, 2001, 8 1/2 months after his two tick bites. At this point in time the patient states the headaches with occasional jabbing pains that are bifrontal, status-post severe headaches, difficulty with gait since February 2001, which improved tremendously after antibiotic treatment as per the patient.

At my office the patients vital signs were 140/87, 70, 22, afebrile; HEENT atraumatic normocephalic, no neck rigidity, no carotid bruit; heart S1 S2 no S3 no S4 no rub no murmur, regular rate & rhythm; lungs were clear; cranial nerves showed pupils 3 millimeters minimally reactive; no facial asymmetry; hearing was intact bilaterally; vision the patient was able to see fingers only; patient had no nystagmus; mental status was alert and oriented X3; he could follow 3 of 3-step commands; deep tendon reflexes were 2/4 bilaterally symmetrical with plantar response flexor bilaterally. Sensory was intact to light touch, pin prick, vibration sense bilateral upper and bilateral lower

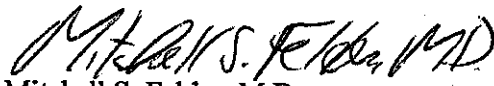
extremities; cerebellar function was within normal limits; gait was within normal limits; tandem gait was done moderately poorly.

This patient has a diagnosis of Lyme Disease which is most likely. There is also the rule out of Multiple Sclerosis, however, this would be very much less likely by history. The patient will be obtaining a chest x-ray, blood work, and EKG and MRI of brain. Also, a VER (visual evoked response) will be done. I discussed the possibility of an LP, however the patient does not want this performed.

It is my medical and neurological opinion that Mr. Fix's standard of care fell below acceptable standards for the treatment of Lyme Disease. The patient was bitten by deer ticks and contracted Lyme Disease in my medical and neurological opinion resulting in his symptomatology.

Please feel free to call should you have any further queries concerning this patient at any time.

Yours truly,


Mitchell S. Felder, M.D.

MSF:dz



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May 30, 2006

BERK, WHITEHEAD KERR 7 TURIN, P.C.
Attn: Attorney Lawrence D. Kerr
115 North Main St.
Greensburg, PA 15601

RE: MARK FIX

Dear Attorney Kerr:

In response to your letter of 5/24/06 Mr. Fix has a CSF protein of 51 which could be supportive of a possible diagnosis of Lyme Disease. It should be noted that the patient does have an increase in oligoclonal bands and CSF IGG index which may also be interpreted as supportive as a Demyelinating Disease such as Multiple Sclerosis.

I hope that this letter is of benefit to you in your continuing evaluation of Mr. Mark Fix. Please feel free to call me should you have any further queries concerning this patient.

Yours truly,

Mitchell S. Felder, MD

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